## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10633718

|  |  | CLAIMS A                                  | ımn 2)                    | SMALL ENTITY TYPE              |              |                  | OTHER THAN          |                        |        |                     |   |
|--|--|---|---------------------------|--------------------------------|--------------|------------------|---------------------|------------------------|--------|---------------------|---|
| TOTAL CLAIMS   |  |   | 10                        |                                |              |                  | RATE                | FEE                    |        | RATE                | FEE   |
| FOR  |  |   | NUMBER FILED              |                                | NUME         | BER EXTRA        | BASIC FEE           | 375.00                 | OR     | BASIC FEE           | 750.00  |
| TOTAL CHARGEABLE CLAIMS  |  |   | (O minus 20= '            |                                | *            |                  | X\$ 9=              |                        | OR     | X\$18=              |   |
| INDEPENDENT CLAIMS   |  |   | 9 minus 3 = *             |                                | *1           |                  | X42=                |                        | OR     | X84=                | 84  |
| ML   | ILTIPLE DEPEN                                  | NDENT CLAIM P                             | RESENT                    |                                |              |                  | +140=               |                        | OR     | +280=               | Em. ,   |
| *   f  | the difference                                 | e in column 1 is                          | less than zero, enter "0" |                                |              | column 2         | TOTAL               |                        | OR     | TOTAL               | 834   |
| ,  | C  | LAIMS AS A                                | MENDED - PART II          |                                |              |                  |                     |                        | Jon    | OTHER               |   |
|  |  | (Column 1)                                | 30                        | (Colur                         |              | (Column 3)       | SMALL               | NTITY                  | OR     | SMALL               |   |
| AMENDMENT A  | F1   | REMAINING<br>AFTER<br>AMENDMENT           |                           | NUM<br>PREVIO<br>PAID          | BER<br>OUSLY | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |        | RATE                | ADDI-<br>TIONAL<br>FEE                                    |
|  | Total  | *   | Minus                     | **                             |              | = .              | X\$ 9=              |                        | OR     | X\$18=              |   |
|  | Independent                                    | *   | Minus                     |                                |              | =                | X42=                |                        | OR     | X84=                |   |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |  |   |                           |                                |              |                  | +140=               |                        | OR     | +280=               |   |
|  | *  | 2 1L                                      |                           |                                |              |                  | TOTAL<br>ADDIT. FEE |                        |        | TOTAL<br>ADDIT. FEE | *   |
|  | 1. 1. 1.00                                     | (Column 1)                                |                           | (Colur                         |              | (Column 3)       | ADDIT LE            |                        |        | ADDIT. I EL         | *   |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                           | HIGH<br>NUM<br>PREVIO<br>PAID  | BER<br>OUSLY | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |        | RATE                | ADDI-<br>TIONAL<br>FEE                                    |
|  | Total  | *   | Minus                     | **                             | ×            | =                | X\$ 9=              |                        | OR     | X\$18=              |   |
|  | Independent                                    | *<br>NTATION OF MI                        | Minus                     | ***                            | - 01 4114    | =                | X42=                |                        | OR     | X84=                |   |
|  | THO PITCOL                                     | INTATION OF MI                            | JLTIPLE DE                |                                | CLAIM        |                  | +140=               |                        | OR     | +280=               |   |
|  |  |   |                           |                                |              |                  | TOTAL<br>ADDIT. FEE |                        |        | TOTAL<br>ADDIT. FEE |   |
|  | and a second                                   | (Column 1)                                |                           | (Colur                         |              | (Column 3)       | ADDII. FEE L        |                        | _4     | AUUII. PEE          |   |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                           | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |        | RATE                | ADDI-<br>TIONAL<br>FEE                                    |
|  | Total  | *   | Minus                     | **                             |              | =                | X\$ 9=              |                        | OR     | X\$18=              |   |
|  | Independent                                    | *   | Minus                     | ***                            |              | =                | X42=                |                        | OR     | X84=                |   |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                           |                                |              |                  |                     |                        |        |                     |   |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Proviously Reid For" IN THIS CROSS is less than the Polymer Proviously Reid For" IN THIS CROSS is less than 100 miles.  |  |   |                           |                                |              |                  |                     |                        | OR     | +280=               |   |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropria |  |   |                           |                                |              |                  |                     |                        |        | TOTAL<br>ADDIT. FEE |   |
|  | rne "Highest Nun                               | nber Previously Pai                       | d For" (Total o           | rindepende                     | ent) is the  | highest number   | found in the appr   | opriate box            | in col | umn 1.              | eprima a Michigania a la |